

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>5608</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Timothy G Wachter</u> P.O. Box, Bldg., Room No., if any _____ Street <u>113 Clifford ave.</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code +4 <u>15238</u>	4. Name, file number, and address of labor organization. Name <u>B.A.C. #9 PA</u> Labor Organization File Number <u>540-049</u> P.O. Box, Building and Room Number, if any _____ Street <u>100 Kingston Dr.</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code +4 <u>15235</u>
5. Position in labor organization. <u>Vice President / Field Rep. Pittsburg Brick</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>BRICKLAYERS, MASONS AND ROOFERS WELFARE FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>C/O GEM GROUP</u> Street <u>1200 THREE GATEWAY CENTER</u> City <u>PITTSBURGH</u> State <u>Pennsylvania</u> ZIP Code +4 <u>15222</u>	7.a. Nature of Interest, Transaction, or Income. <u>MEETING EXPENSES INCLUDING DINNER ON 1/22/04</u> 7.b. Amount. <u>\$113</u>

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Timothy Wachter</u>	On <u>8-9-05</u>	<u>412-860-8398</u>
	Date	Telephone Number

Name of Person Filing Timothy Wachter	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name BRICKLAYERS, MASONS AND ROOFERS WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any C/O GEM GROUP Street 1200 THREE GATEWAY CENTER City PITTSBURGH State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. MEETING EXPENSES INCLUDING DINNER ON 3/25/04
	7.b. Amount. <div align="right">\$84</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name BRICKLAYERS, MASONS AND ROOFERS WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any C/O GEM GROUP Street 1200 THREE GATEWAY CENTER City PITTSBURGH State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. MEETING EXPENSES INCLUDING DINNER ON 5/27/04
	7.b. Amount. <div align="right">\$139</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name BRICKLAYERS, MASONS AND ROOFERS WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any C/O GEM GROUP Street 1200 THREE GATEWAY CENTER City PITTSBURGH State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. MEETING EXPENSES INCLUDING DINNER ON 7/22/04
	7.b. Amount. <div align="right">\$114</div>

Name of Person Filing Timothy Wachter	File Number U-
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Part A Continuation Page

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	7.b. Amount. <div align="right">\$102</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
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	7.b. Amount. <div align="right">\$134</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
	7.b. Amount.